	RECORD	PHYSICIANS should state to of OCCUPATION is very
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH 5155	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registered No. 282
Village or City And Co. (No.	St; Ward) [if deeth occurred in a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, MASSIC WIDDERO, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Year)	that I last saw h 22 allve on Sent 29 ,1914,
If LESS than 1 day,hrs. yrs	and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows: THE CAUSE OF DEATH* was as follows: (Buration) 2 yrs mos ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 2 OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 2 UM 12 MAIDEN NAME OF MOTHER OF MOTHER	Contributory (Secondary) (Signed) (Duration) yrs mos ds. (Signed) , M. D. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informanf)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence.
(Address) (Ollowana 191 Registras	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL STACK Cholas Church May 28, 1914 20 UNDERTAKER ADDRESS Hulls
If more blanks are needed, address State Registrar, 6 1	E. Franklin St., Balto, Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health
Association.]

ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing definite and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

ture of the American Medicai Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scotichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Contributory." etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inaultion," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; Accidental drowning; Struck by railway train-acctgenital," "Senlle," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitiul nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory tetanus) may be stated under the head of (Recommendations on statement of (secondary or intercurrent) (name orlgin; "Can-State cause for Examples:



V. S. No. 1.

RECORD	PHYSICIANS should state
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH	STATE OF MARYLAND
5156	CERTIFICATE OF DEATH
County M. Mary	Registration Dist. No. 246
Village or City King in (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
2 FULL NAME Lauralsle	May Barrey Wishest and women.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH 3 28 , 186 (Month) (Day) (Year)	5-7- 191 4, to 5/3-, 191 4
7 AGE If LESS th	and that death occurred on the date stated above, at 1 67 m.
8 OCCUPATION (a) Trade, profession, or particular kind of work	Charles was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Liffler (Secondary)
O) 10 NAME OF FATHER Aures Herrary 11 BIRTHPLACE OF FATHER	(Signed) (Address) (Address) (Signed) (Address)
OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds.
(Informant) Carlos True To The BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Children (Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Diesele 14 - 14 - 191 3
Filed fee 1,191 - () What are REGISTRAR	20 UNDERTAKER ADDRESS What to
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

should be taken to report specifically the occupations (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulcated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, duties of the household only (not paid Housekeepers statement. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Kervant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails ture of the American Medical Association.) "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopncumonia (secondary), 10 ds. Never report oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:



N.B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN V. 8. No. 1.

PLACE OF DEATH 5157	STATE OF MARYLAND
	CERTIFICATE OF DEATH
County Sx 9	Registration Dist, No. 280
Village or City St. Ingno (No,	St.; Ward) [If death occurred in a hospital or institution,
FULL NAME James alfred	l Beal give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Regro Single, Married, Midowed, Orbivorced (Write the word)	16 DATE OF DEATH May 4, 191 (Year)
	17 HEREBY CERTIFY, That I attended deceased from
Shruary 26, 914	Jany 26, 1914, to May 3, 1914.
(Month) (Day (Year)	Wat I last saw him allve on May 3 ,191
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
yrs omos ds or min.?	The CAUSE OF DEATH* was as follows:
e occupation (a) Trade, profession, or particular kind of work.	Voxaemia Voxhaustin
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 2 ds.
State or country) Mary land	Gentributory Convulsions Cansed Secondary Castro - Interditional Inflammat
10 NAME OF Peter James Beal	(Signed) Llegthes Crowe , M. D.
V 11 BIRTHPLACE OF FATHER (State or country) Manualand	May 51, 191 & (Address) LX Amgres
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Washington DC	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs, mos, ds. State yrs, mos, ds.
14 THE ABOVE IS THE FO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(informant) DX. Marys Co (DX Inegors	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 M	Hay 5, 1914
Files 1914 The REGISTRAR	20 UNDERTAKER Shotuson Appress
If mere blanks are needed address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are eugaged in the duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease who receive a definite salary), may be entered as "Manager," "Dcaler," etc., without more precise speci-(a) Spinner, it should be used only when needed. As examples: For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

ctc., when a definite disease can be ascertained as the mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal schichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as thenia," "Anacmia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or LIOMICIDAL, or as probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of



1 PLACE OF DEATH

STATE OF MARYLAND

[If death occurred in

a hospital or Institution,

give its NAME instead of street and number. 7

[Approved by U. S. Census and American Public Health
Association.]

ness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unquallified, is indefinite); Tuberculosis of lungs, meninges, perifonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, If Impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemla" (merely symptomatic), "Atrophy," ample: Mcasles (disease causing death), 29 ver" is less definite; avoid use of "Tumor" for malignant neopiasms); Measles; Whooping cough; Chrowic ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUST and qualify as childbirth or miscarriage, as "Purrereal septichar-"Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis Bronchopneumonia (secondary), 10 ds. Never report oma. Surcoma. etc., of _ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for "Exhaustlon, Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION—is—very. Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH	STATE OF MARYLAND
5159	CERTIFICATE OF DEATH
County 1	Registration Dist. No.2
Village or City 1 111 (No	St.; Ward) [it death occurred hear hospital or institution give its NAME instead
FULL NAME Richard Pris	Blases to of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	• MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH the word)	(Month) (Day) (Year)
8 DATE OF BIRTH	4-26-, 1914, to 513-, 1915
1 20,182	that I last saw h alive on 5 - / 2 191 4
(Month) (Day) (Year) 7 AGE If LESS than	
71 vrs. 3 mos. 2-3 ds. ORmin.?	and that death occurred on the date stated above, at
6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	Cuchalapyty
business, or establishment in which employed (or employer)	(Duration) yrs mos./ 2 ds.
9 BIRTHPLACE (State or country)	(Secondary)
10 NAME OF Grange Blakerite	(Signed) 1211 (Address) Section (Signed) (Signed
Z (State or country) 12 MAIDEN NAME OF MOTHER ()	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or
(Informant) River August (Address) River August (Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	all buit 5-14-1914
Filed 6-1-1914 Revelue	20 UNDERTAKER ADDRESS
REGISTRAR	Zujene / toll by was
if more blanks are needed, address State Registr	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative leaithful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has "Foreman," 9

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death all death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar deumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) "Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viochildbirth or miscarriage, as "PULEPERAL septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interstitial nephritis oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:



N.B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Ounty St. Marys VIIIage or City Chaptico (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 283 St.; Ward) St.; Ward) Les Burroughs Street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month (Day (Year)	
**CCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at m. The CAUSE OF DEATH + was as follows: As stated by handmother had the thrush and been just wasting away for some time. (Buration) yrs mos ds.
9 BIRTHPLACE (State or country) md.	Secondary (Duration) yrs mas ds
10 NAME OF Stephen Fr. Graves As stated by mother ochild 11 BIRTHPLACE OF FATHER (State or eountry) 12 MAIDEN NAME OF MOTHER OF MOTHER M. BOLLAND 12 MAIDEN NAME OF MOTHER M. BOLLAND 13 MAIDEN NAME OF MOTHER M. BOLLAND 14 MAIDEN NAME OF MOTHER M. BOLLAND 18 MAIDEN NAME OF MOTHER M. BOLLAND 19 MAIDEN NAME OF MOTHER M. BOLLAND 19 MAIDEN NAME OF MOTHER M. BOLLAND 10 MAIDEN 10 MAIDEN 11 MAIDEN 12 MAIDEN 13 MAIDEN 14 MAIDEN 15 MAIDEN 16 MAIDEN 17 MAIDEN 18	(Signed) Cook Lurison, 191 (Address) Chaptico, Md *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds
(Interment) Surie To the BEST OF MY KNOWLEDGE (Interment) Suriougho (Address) Chaptics Add.	Where was disease contracted, If not at place of death? Former or Usual residence. 19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
Filed May 18, 1814 Sles. M. Sarner Local REGISTRAR	It. Josepha Cometery May 18,1914 20 UNDERTAKER Young Chapter
If more blanks are needed, address State Regist	rar, 6 E Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Groeery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," eause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart discase; Chronie interstitial nephritis, nant neoplasms); Mcasics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report

If this certificate is looked over throughly and all questions an weiged in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is perminerally filed.

BURLAU, V.S.

BOLLEAU, V.S.

den't and for docals

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

5161 STATE OF MARYLAND PLACE OF DEATH

County St. Mary	CERTIFICATE OF DEATH
County	Registration Dist. No. 283
Village or City Chaptico (No	St.; Ward) St.; Ward) Buttler [it death occurred in a hospital or institution, give lits NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
8 DATE OF BIRTH # 13 . 1914 (Month) (Day (Year)	May 19, 1914, to May 26, 1914, that I hast saw here alive on Must 19, 1914
7 AGE If LESS than 1 dayhrs. ORmin.?	and that death occurred on the date stated above, at
a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Serondary Measles
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) MAIDEN NAME OF MOTHER (State or country)	(Signed) (Si
(Interment) Manual Pulsan Rouller (Address). Character (Address). 1914 B. B. Johnson REGISTRAR	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS LIEBERT LEE LIEBERT LE LIEBERT LEE LIEBERT LEE LIEBERT LEE LIEBERT LEE LIEBERT LE LIEBERT LEE LIEBERT LEE LIEBERT LEE LIEBERT LEE LIEBERT LE
Alip Recul REGISTRAR	Strar, 6 E. Franklin St. Ralto Requesting V S. No. 1

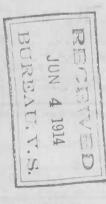
itto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

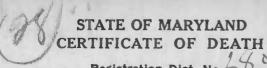
cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberentesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) tetanus) may be stated under the head of ibutory." (Recommendations on statement of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion,"



PHYSICIANS should state of OCCUPATION IS very Exact statement PERSONAL AND STATISTICAL PARTICULARS EXACTLY. 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. ORDIVORCED (Write the word) stated classifled. (Month) (Day (Year) 7 AGE If LESS than should 1 day,....hrs. properly ACE BOCCUPATION (a) Trade, profession, or particular kind of work supplied. pe (b) General nature of industry, business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) that it carefully 10 NAME OF FATHER 80 of on back 11 BIRTHPLA PARENT pino OF FATHEA (State or country) 12 MAIDEN NAME piain See Instructions OF MOTHER Information = 13 BIRTHPLACE OF MOTHER (State or country) of Infort 14 THE ABOVE IS TRU PO Every Item CAUSE OF Important, (Address) 15 0



Registration	Dist.	No

me. XXI --- -- -- -- -- -- XX [If death occurred in

NAME Philo Butte	a hospital or institution, give its NAME instead of street and number.]
AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Megra Single, Married, Willower, Oppinger (Write the word)	16 DATE OF DEATH MAY 2/2, 1914 (Month) (Day (Year)
March 10 1863	17 I HEREBY CERTIFY, That I attended deceased from March 3, 1914, to May 2-1, 1914. that I last saw here alive on May 21, 1914.
If LESS than 1 dayhrs.	and that death occurred on the date stated above, at # #
Laundress	Toxaemia V Ex haustin
Mary Cand?	Contributory Fulmonary Jahrculou Secondary (Duration) yrs mos. Ods. (Signed) (Duration) yrs mos. ds.
mary land!	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
intry) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death 25 yrs, mos. ds. State 51 yrs, 2 mos. 12 ds Where was disease contracted,
LOWN M. S.	If not at place of death?————————————————————————————————————
,1914 PREGISTRAR	20 UNDERTAKER ADDRESS E Kobiuson Port Hace
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. 80

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has mine, etc. Women at home, who are engaged in the material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: childbirth or misearriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditious, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report HX-



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Instructions

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STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No [If death occurred inWard) a hospital or institution. give Its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED 191 WIDOWER (Month) (Day (Year) (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: mos.....ds. OR ? 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE , 1914 (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 11 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) (ot death yrs. mos. _ ds. State _____ yrs, ____ Where was disease contracted. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death?-Former or

(Address) C. 33

16 Filed May 19, 191 4 91 Dec

PIGISTRAR WMC

May 9, 1914

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Batto., Requesting V. S. No. 1.

usual residence

19 PLACE OF BURIAL OR REMOVAL

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care additional live is provided for the latter statement; applies to each and every person, Irrespective of age. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Mauager," "Dealer," etc., without more precise specistatement. it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cases, especially ln industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meminges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or Intercurrent) (Recommendations on statement of For vio-



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DEATH in plain terms,

N. B.-

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	² FULI	NAME !	May	Lole	ewe
	PERSO	NAL AND ST	TATISTICA	L PARTICUL	.ARS
35	ex ale	4 COLOR OI	n nace	MARRIED, WIDOWED, ORDIVORCED (Write the wo	ord)
6 D	ATE OF BIRT	н			
			(Month)	(Day)	, 15 (Yea
7 A	GE	- 11		(Day)	If LESS
(a pa (b)	CCUPATION) Trade, profession, rticular kind of wo General nature of	rk industry,	6 m	os. 27 ds	
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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

Registration Dist. No.

[If death occurred in a hospital or institution, give its NAME instead of streef and number.]

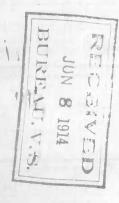
MAL AND STATISTICAL PARTICULARS	mariona danti idale di denii
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h & allycon
If LESS than	20
6 yrs. 6 mos. 2 7 ds. OR. min. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
or Leave	2 a Striff
industry, shment in mplayer)	(Ouration) yrs. mos. ds.
" und	Contributory (Secondary) (Duration) yrs mos ds.
dring Wadely	(Signed) S CM C Caca, M. D.
CEE ER Duntry)	*State the Disease Causing Death, or, in deaths from Violent
NAME Galeth Inda heale	CAUSES, STATE (1) MEANS OF INJURY; and (2) whether ACCIDEN- TAL, SUICIDAL, OF HOMICIDAL.
CE ER Unitry)	At place of death yrs mos ds. State yrs mos ds.
TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
alethele pellians	If not at place of death?————————————————————————————————————
Palrum and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
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191 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	20 UNDERTAKER ADDRESS
REGISTRAR	Enfine Hall by wand
If more blanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative Realthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Kervant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpresal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUST and qualify as which surgical operation was undertaken. For viothenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for "Exhaustion," Examples:



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See instructions on back

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WRITE

No. 1. vi

1 PLACE OF DEATH 3 SEX 4 COLOR OR RACE DATE OF BIRTH (Month) GOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in

(40)	STATE OF MAR	YLAND
CI	ERTIFICATE OF	DEATH
	Registration Dist	, No,
dew	St.;Ward)	[If death occurred in a hospital or institution, give its NAME Instead of street and number.]
MEI	DIGAL CERTIFICATE OF	DEATH
16 DATE OF DEATH	(Month)	(Day (Year)
17 I HE	EREBY CERTIFY, That I	(
you /	, 1914, to May	(1914,
that I last saw h	- allve on Mars	56 1914
and that death occu	rred on the date stated a	bove at 6 am
	ATH* was as follows:	/
Lann	ma of Al	omach
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Contributory Secondary	*************************************	*******************************
	(Qurafion)	yrsds.
(Signed)	on Land	L NO
101	(Address) Leon	
	CASE CAUSING DEATH, OR, MEANS OF INJURY; and HOMICIDAL.	
18 LENGTH OF RES	IDENCE FOR HOSPITALS I	
At place	In the	
of death yrs Where was disease contr If not at place of death?	racted,	yrs ds
Former or usual residence		\
19 PLACE OF BURI	at or REMOVAL	May 8, 191 4
20 UNDERTAKER		ADDRESS
11/00 4/0)	notte	

PERSONAL AND STATISTICAL PARTICULARS

MARRIED, Marue

ORDIVORCED (Write the word)

(Day

(Year)

5 SINGLE,

TAGE If LESS than 1 day, hrs. OR min. ? which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF of FATHER (State or country PARENTS 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) (Address) 15 REGISTRAR

WM. V Havimary If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuters of lungs, meninges, peritonaeum, etc., Carcin-

nant ncoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. 'State cause for thenia." "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injnry, as fracture of skuil, and consequences (e. g., by earbolic acid-probably suicidc. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ample: ture of the Americau Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of "Dropsy," The nature of the "Exhanstion," Never report For vio-



pinous PHYSICIANS RECORD PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. QUIONIB ORGIVORCED (Write the word) Exact 6 DATE OF BIRTH classifled, (Month) (Day) (Year) 7 AGE If LESS than 1 day hrs. OR min. ? properly 8 OCCUPATION (a) Frade, profession, or particular kind of work... (b) General nature of industry, supplied. pe business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) (Secondary) that Œ 10 NAME OF FATHER 80 jo ARGIN pe back 11 BIRTHPLACE , 191..... (Address) terms, ARENT OF FATHER (State or country) should 6 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER instructions D. OR RECENT RESIDENTS) 13 BIRTHPLACE -At place In the OF MOTHER (State or country) EATH of death _____ yrs. ____ mos. ____ ds. Where was disease contracted, WRITE 14 THE ABOVE IS TRUE TO If not at place of death? of DE Former or Item 10 osual residence... Every item CAUSE OF Important. 19 PLACE OF BURIAL OR REMOVAL (Address) 15 20 UNDERTAKER m REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

state Very

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No If death occurred in St .:....Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH

I HEREBY CERTIFY, That I attended deceased from *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, State yrs. DATE OF BURIAL ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). minc, etc. Women at home, who are algaged in the duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, "Manager," "Dealcr," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industy; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative mealthfui-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return (b) Cotton mill; (a) Salcsman, "Laborer," Farmer or Planter, Laborer-Coal As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc., Carcin-

mus," "Oid Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal septichaeetc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthedia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 de.; "Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably affection need not be stated unless important. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. is less definite; avoid use of "Tumor" for malls-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of (name origin; "Can-



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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 28

2 FULL NAME Down for de	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Incle Colored (Write the word)	Month) (Day (Year)
7 AGE (Month) (Day (Year) 7 AGE If LESS than 1 day,	that I last saw h in allve on 2004 1914 and that death occurred on the date stated above, at 44 A m. The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which ampioyed (or ampioyer) **BIRTHPLACE** (State or country) 10 NAME OF FATHER** (State or country) 11 BIRTHPLACE** OF FATHER** (State or country) 12 MAIDEN NAME OF MOTHER** OF MOTHER** OF MOTHER** OF MOTHER** OF MOTHER** (State or country) 12 MAIDEN NAME OF MOTHER** OF MOTHER**	(Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 1 Lograble Wilson	TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At piace In the ot death
(Address) Mechanicsville Ind. 15 Filed May 6., 191.14 Zach R. Morgon Registrar If more blanks are needed, address State Registrar	

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

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oma, Sarcoma, etc., of..... (name origin; "Canvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomenclasepsis, tetanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senilc," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of Never report of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH

5

168	STATE OF MARYLAND CERTIFICATE OF DEATH

Count	y. 3/1 (C) a 4	
	a soul	Registration Dist. No.
Villag	e or City (No,	St.; Ward) a hospital or institution,
	of I.	give its NAME instead of street and number.]
	² FULL NAME Caucha 1	u; Williams
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH 5 7 191 4
4	4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED	(Month) (Day) (Year)
u-	Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
DATE	OF BIRTH	21-2) - 191-1, to 5 7 191-1
	(Month) (Day) (Year)	that I last saw he alive on 5 - 7 - 191
AGE	If LESS than	. 1
Ada	1 day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
	5 yrs. mos. ds. ORmin.?	
8 OCCUF		and
	profession, or kind of work	
	al nature of Industry,	
	or establishment in ployed (or employer)	(Duration) yrs. mos. 7 ds.
BIRTH	PLACE	(Secondary)
(State	or country)	(Ouration) yrs mos / 2 ds.
101	IAME OF	1911 6620
	FATHER James Glas	(Signed), M. D.
S IIE	HRTHPLACE OF FATHER	3-9-, 191 ((Address)) alumber
ARENT (S	OF FATHER tate or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
02 12 N	OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
۵	May Ellurmallastel	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	IRTHPLACE F MOTHER	At place In the
	ate or country)	of death yrs mos ds. State yrs, mcs ds. Where was disease contracted.
14THE A	BOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informant) Yallle in William		Former or usual residence
	Sup.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Address)	Sacrelleut 5-4-1914
(awl		20 UNDERTAKER ADDRESS
Filed Y 191 REGISTRAR		Engene Hall Dy would
	more blanks are needed, address State Registra	

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative Lealthful who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At homc. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who receive a definite salary), may be entered as material worked on may form part of the second Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, pertionaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Pursperal scotichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of . ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-LENT DEATHS State MEANS OF INJUST and qualify as which surgical operation was undertaken. For vio-Bronchopncumonia (secondary), 10 ds. Never report ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for "Exhaustion," Examples:



tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD

stated

N. B.—Every Item of information should be carefully supplied. AGE should be st CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS V. S. No. 1.

STATE OF MARYLAND

County St. Mary	10	CERTIFICATE OF DEATH
County	0	Registration Dist, No. 280
Village or City . 7	rigns (No.	St.; Ward) St.; St.; St.; St.; St.; St.; St.; St.;
	ISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Femal Whote	ACE SINGLE, MARRIED, MANUE P WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH MAN 168 , 191 4 (Year)
6 DATE OF BIRTH MAN	. 7/	17 I HEREBY CERTIFY. That I attended deceased from May 16, 1914, to X, 191, that I last saw here alive on May 16, 1914
7 AGE 27 Yrs A	mos ds EES than 1 day,hrs.	and that death occurred on the date stated above, at 825 m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	swife x	(Duration)/ yrs mes / de.
SBIRTHPLACE (State or country) Man	1 1	Contributory Chaonie Interstitial
O 11 BIRTHPLACE	Wheatley	(Signed) All Photo (Duration) yrs o mos ds. (Signed) All Photo (LOUT), M. D. May 17, 191 4 (Address) All Address)
11 BIRTHPACE OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER	ary land	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	any land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs, 2 mos. 9 ds
(Informant)	SIN MI KNOWLEDGE	Where was disease contracted, if not at place of death?————————————————————————————————————
(Address) 15	HV Leona	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
If more blan	REGISTRAR nks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

5169

PLAGE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None, Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The been changed or given up on account of the nisease who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of It id-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. "Contributory." sepsis, tetanus) may be stated under the head ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably ture of the American Medical Association.) The contributory (Recommendations on statement of (secondary or intercurrent) Never report



d state

Village or City Poto Belly (No.	Registration Dist. No. 28
	St.; Ward) [If death occurred a hospital or lostitution give its NAME insternation of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male with the word	16 DATE OF DEATH (Month) (Day (Year
(Month) (Day (Year)	I HEREBY CERTIFY, That I attended deceased to
7 AGE (Month) (Day (Year)) 1 LESS than 1 day,hrs. ORmin,?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work	Contributory Secondary
10 NAME OF FATHER ORE Wilkings 11 BIRTHPLACE OF FATHER (State or country) Velsuar Maylan 12 MAIDEN NAME OF MOTHER OF MOTHER OF	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. Where was disease contracted, If not at place of death? Former or
(Address) Ballings a Mil	19 PLACE OF BURIAL OR REMOVAL / DATE OF BURIAL

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

CERTIFICATE OF DEATH

1 PLACE OF DEATH

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[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbeen changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Lahorer," As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, totanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inapition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (secondary or intercurrent) State cause for Never report



AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS carefully supplied. N. B.—Every item of information should be carefully su CAUSE OF DEATH in pisin terms, so that it m important. See instructions on back of certificate. WRITE PLAINLY, WITH

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PLACE OF DEATH 5171	STATE OF MARYLAND
Muss	CERTIFICATE OF DEATH
County V C	Registration Dist, No.
Village or City an Court Novo,	St.; Ward) [It death occurred in a hospital or Institution,
FULL NAME Hoggen M. H.	e y fatio give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	/) MEDICAL CERTIFICATE OF DEATH
Male Hita Single, Married, Wisowed, Write the word)	16 DATE OF DEATH May (Year) (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	
(Mooth) (Day (Year)	that I last saw h and alive on Man 8 1914.
7 AGE If LESS than	and that death occurred on the date stated above, at 10 am
yrs mos ds OR min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or	Quina Paffisato
particular kind of work.	**************************************
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) 4 5 yrs mos ds
State or country) Mars 6	Gontributory Secondary
10 NAME OF Mur Mate	(Signed) (Ouration) yrs mos ds
11 BIRTHPLACE OF FATHER	191 (Address) consultoron
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
- Warten War Jacob	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) IN Mars (0)	At place in the of death yrs mos ds. State yrs mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Interment) Harris Jales	Former or usual residence
(Address) Conflor Ind	19 PLACE OF BURIAL REMOVAL PATE OF BURIAL
16	20 1105 150 150 150 150 150 150 150 150 1

ADDRESS

norganha If more blanks are needed, address State Registrar, & E. Ffanklin St., Balto., Requesting V. S. No. 1,

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no ocenpation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemile eerebrospinal meningitis"); Diphthoria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carein-

valvular heart disease; Chronie interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic scpsis, tetanus) may be stated under the head of injnry, as fracture of skull, and eonsequences (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or misearrlage as "Puerperal septiehue mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions." "Debility" ("Conthcuia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioete., when a definite disease can be ascertained as the The contributory (secondary or interenrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," Never report



RECORD	PHYSICIANS should state
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

County Shally 5178	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 2.8.3
Village or City Helly (No,	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Make Color or race Single, Manual Make Colorld (Write the word)	176 DATE OF DEATH (Myhth) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH UNGLESSION (Day (Year)	that I last saw h was allow on May 38, 1914,
and go yrs mos ds. It LESS than t day, hrs.	and that death occurred on the date stated above, at 12:30 f.m. The CAUSE OF DEATH+ was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos/2 ds.
9 BIRTHPLACE (State or country) Md.	Secondary O (Duration) yrs mos ds
10 NAME OF FATHER SUPPLY THE STATE OF FATHER SUPPLY THE	(Signed) N. B. Johnson, M. D. May 31, 1814 (Address) Morganzan
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER GELLEG Sugallimed	AState the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accidental, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs mos ds. State yrs mos ds Where was disease confracted,
and hoper Uning "	If not at piace of death?

(Informant) (Address) .-

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REGISTRAR

20 UNDERTAKER

OF BURIAL OR REMOVAL

PATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

usual residence

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) eause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic eer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffectiou need not be stated unless important. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Scuile," etc.), "Dropsy," "Exhaustiou," For vio-



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PHYSICIANS

RECORD

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in (No. St :.....Ward) a hospital or institution. give Its NAME instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) Write the word) (Day) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH that I last saw h. L.M. alive on (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date states above, at 1 day hrs. The GAUSE OF DEATH * was/as follows: OR min. ? 8 OCCUPATION (a) Trade, protession, or particular kind of work.4 (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE (Secondary) certificat (State or country) (Duration) 10 NAME OF FATHER 9 back 11 BIRTHPLACE ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT AUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country In the of death yrs. mos. ds. State yrs. Where was disease contracted. 14THE ABOVE PTRU it not at place of death? Former or usual residence Important. DATE OF BURIAL 15 20 UNDERTAKE ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S No. 1.

[Approved by L. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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childbirth or miscarriage. as "Puerperal septichaeaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemla" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg "Contributory." Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of ... The contributory (secondary or Intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-Examples:

